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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 04 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

SIGNATURE:

N34520

(9)

DIRO INDUSTRIAL CONDOMINIUM ASSOCIATION, INC.

DINO II	1000THIAL OO		NOOCOINTIC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
Principal Place of Business			Mailing Address				•	- 1 100/0101 000 //// 01607 0///		.1010 81001 01011 811)
% LESTER R. SHAPIRO 1150 W. 68 ST HIALEAH FL 33014			% LESTER R. SHAPIRO 1150 W. 68 ST HIALEAH FL 33014-5153								
***************************************	•••							3. Date Incorporated or Qualified 10/05/1989	3a. [Date of Last Re 01/30/199	
2. Principal Place of Business			2a. Mailing Address					4. FEI Number		Ap	plied For
21			26					65-0163482			t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired Fee Required			
City & State			City & State					Election Campaign Financing Trust Fund Contribution Added to Fees			
Zip			Zip Co.		Countr	У		B. This corporation has liability fo	r intangibl	e tax under s.	199.032,
24	25		29 30		30					□ No	
	9. Name and Ad-	dress of Curren	Registered Ager	nt	B1		N	10. Name and Address of New F	egistered	J Agent	
					61	' '	Name				
SHAPIRO 1150 W.), Lester R. 68 st				82	1	Street Addre	ess (P.O. Box Number is Not Accepta	able)		
HIALEAH FL 33014					83	3					-11-11
					84		City		FI	85 Zip C	Code
office or re	o the provisions of S egistered agent, or b m familiar with, and a	oth, in the State	of Florida. Such c	ange was a	authorized b	ov th	named corpo ne corporatio	oration submits this statement for the on's board of directors. I hereby acc	purpose ept the ap	of changing its pointment as	s registered registered
SIGNATURE _	Signature, typed or printed it	ame of registered age	it and title if applicable	(NOT	E: Registered Ac	gent i	signature require	ed when reinstating)	DATE		
12.		OFFICERS AND			13.			ADDITIONS/CHANGES TO OFF	ICERS AN		
TITLE	PD		L.	DELETE	1.1 TITLE					L Change	Addition
NAME ,	SHAPIRO, LEST	IER R.			1.2 NAME						
STREET ADDRESS	1150 W. 68 ST				1.3 STREE						
CITY-ST-ZIP	HIALEAH FL STD			DELETE	1.4 CITY - 2.1 TITLE		ZIP			Change	☐ Addition
NAME	SHAPIRO, DOR	OTHY	-	, DECENE	2.2 NAME					ting orange	
STREET ADDRESS	1150 W. 68 ST				2.3 STREE		ndress				
CITY-ST-ZIP	HIALEAH FL				2. 4 CITY		1				
TITLE	VD			DELETE	3.1 TITLE				*************	Change	Addition
NAME]	PRASCHNIK, JA	ACOB			3.2 NAME	Ε					
STREET ADDRESS	2140 W 73 STF	₹			3.3 STREE	ET AD	DORESS	•			
CITY-ST-ZIP	HIALEAH FL				3.4, CITY-	-ST-	· ZIP				
TITLE				DELETE	4.1 TITLE			· ·		Change Change	☐ Addition
NAME					4. 2 NAMI	E	l				
STREET ADDRESS					4.3 STREE	ET AC	DDRESS				
CITY-ST-ZIP		*****		herete.	4.4 CITY-		ZIP				A stallar a
TRILE			L	DELETE	5.1 TITLE					Change	Addition
NAME					5.2 NAME		200000				
STREET ADDRESS					5.3 STREE						
CITY-ST-ZIP TITLE				DELETE	5.4 CiTY- 6.1 TITLE	•	ZIP			Change	☐ Addition
NAME			L	, ,,,,,,,,	6.2 NAME					Annual Annual Rev	
STREET ADDRESS					6.3 STREE		ndress				
CITY-ST-ZIP					6.4 CITY~		· · · · · I				
14. I do herek	by certify that the info	ormation supplied	with this filing do	es not qual	ify for the ex	em	ption stated	in Section 119.07(3)(i), Florida Statu	ites. furti	ner certify that	the
I am an of		ne corporation or	the receiver or tru	stee empoy	vered to exe			my signature shall have the same le t as required by Chapter 617, Florida			